STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

EMPLOYER PAYMENT IDENTIFICATION INSTRUCTIONS

DO NOT USE THIS FORM IF YOU PARTICIPATE IN THE ELECTRONIC FUNDS TRANSFER PROGRAM.

To process payments, the Division of Child Support (DCS) needs specific information for each employee covered by your payment. The information you provide helps us quickly distribute payments to the families due support. Please provide the following information for each employee covered by your payment (*you may use the form at the bottom of this page*):

1. Employee's name.
2. Employee's social security number or account number.
3. Employee's pay date.
4. Total amount withheld from the employee's pay and sent to the Washington State Support Registry.

If you have any questions about payments, call our Employer Helpline at 800-628-3795. If you want information about making payments by electronic funds transfer, call 360-664-5103 (within the Olympia calling area) or 800-468-7422 (outside the Olympia calling area). You can obtain information from our website at www.wa.gov/dshs/dcs.

Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY
PO BOX 45868
OLYMPIA WA 98504-5868

EMPLOYER PAYMENT IDENTIFIER

(You may duplicate this form for additional employees and future payments.)

YOUR BUSINESS NAME:
YOUR BUSINESS TELEPHONE # (include area code): (   )

EMPLOYEE NAME:	DATE EMPLOYEE PAID:
EMPLOYEE SSN OR ACC'T #:	AMOUNT WITHHELD: $

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